DR 2100 (09/25/06)

COLORADO DEPARTMENT OF REVENUE
DIVISION OF MOTOR VEHICLES
DRIVER CONTROL SECTION RM 164
(303) 205-5613

## **Release from Liability**

I (we) release the following person from all claims or liability as a result of the motor vehicle accident shown below. This release satisfies the requirements of the Financial Responsibility Act.						
Date	e of Accident					
Nan	ne of Person Released from Liab	bility		Driver's License Nu		DOB
Address		City		State	ZIP	
NAI	MES OF OTHER PERSON(S) IN	IVOLVED IN THIS ACC	CIDENT HAVING INJURIES C	R PROPERTY DAM	AGE.	
1.	Name					
	Address		City		State	ZIP
2.	Name		1		ı	
	Address		City		State	ZIP
3.	Name					
0.	Address		City		State	ZIP
Sig	natures					
No. 1					Date	
No. 2.					Date	
No. 3.					Date	
Signature of Parent or Guardian of Minor					Date	
		Subscribed and affi	irmed, or sworn to, before me	thisday of		, 20
			, State	of	·	
		Notary Signature				
		Commission Expiration	n Date			